PAGE 1 / 35

Image# 201601219004561005

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X F	or Other Than A	n Authorized		Office	Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ple: If typing, type he lines.	12FE4M5	
American Council of Lif	fe Insurers Polit	tical Action C	ommittee		I
ADDRESS (number and street)	101 Constitution Ave	e., NW			
Check if different than previously reported. (ACC)	Suite 700 Washington			DC 200	01
2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦		STATE ▲	ZIP CODE ▲
C C00147066		3. IS THIS REPORT	× NEW (N) O	R AMENDEI)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)	May 20 (M		(Non-Election Year Only)
April 15 Quarterly Report (Q: July 15 Quarterly Report (Q: October 15 Quarterly Report (Q:	PRE-Elect Report for	tion	Jul 20 (Minimary (12P)	General (12G) Special (12S)	D) X Jan 31 (YE) Runoff (12R)
January 31 Year-End Report (YI		Election on	M = M / D = D	/	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day		eneral (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		Election on	M = M / D = D	/	in the State of
5. Covering Period 12		2015	through 12		2015
I certify that I have examined thi Type or Print Name of Treasurer	•	-	edge and belief it is	true, correct and comp	lete.
Signature of Treasurer Mr. D	onald L. Walker	[E	Electronically Filed]		21 2016
NOTE: Submission of false, errone	eous, or incomplete inf	ormation may subj	ect the person signin	g this Report to the pena	Ities of 2 U.S.C. §437g.
Office Use Only				FE	C FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From: 12 01 2015 To: 12 31 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		620787.98
	(b) Cash on Hand at Beginning of Reporting Period	621997.90	
	(c) Total Receipts (from Line 19)	7711.40	515926.32
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	629709.30	1136714.30
7.	Total Disbursements (from Line 31)	48500.00	555505.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	581209.30	581209.30
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

7098.40 613.00 7711.40 0.00 7711.40 0.00 0.00 0.00	COLUMN B Calendar Year-to-Date 288255.43 37470.89 325726.32 0.00 189700.00 515426.32 0.00 0.00
613.00 7711.40 0.00 0.00 7711.40 0.00	37470.89 325726.32 0.00 189700.00 515426.32 0.00
7711.40 0.00 0.00 7711.40 0.00 0.00	325726.32 0.00 189700.00 515426.32 0.00 0.00
0.00 0.00 7711.40 0.00 0.00	0.00 189700.00 515426.32 0.00
0.00 7711.40 0.00 0.00	189700.00 515426.32 0.00 0.00
7711.40 0.00 0.00	515426.32 0.00 0.00
7711.40 0.00 0.00	515426.32 0.00 0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
1 1 1	
0.00	0.00
0.00	500.00
0.00	0.00
0.00	0.00
	7
0.00	0.00
	0.00
0.00	0.00
	0.00 0.00 0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbur		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditu (a) Allocated Feder Activity (from Setate Property) 	al/Non-Federal		Julyinga Tour to Butto
• '	are	0.00	0.00
(,	F		
• ,	al Share	0.00	0.00
(b) Other Federal C		0.00	0.00
(c) Total Operating	Evnenditures	0.00	0.00
)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated		7	
Committees	, , , , , , , , , , , , , , , , , , ,	0.00	0.00
Contributions to Federal Candidates/ and Other Political (Committees Committees	48500.00	555500.00
Independent Expend	litures		
(use Schedule E)	vnonditures	0.00	0.00
Coordinated Party E (2 U.S.C. §441a(d))	xpenditures	0.00	
(use Schedule F)		0.00	0.00
Loon Bonovments M	lada	0.00	0.00
Loan Repayments M	lade	3.00	0.00
Loans Made		0.00	0.00
Refunds of Contribution (a) Individuals/Pers	tions To:		
	committees	0.00	5.00
	Committees	0.00	0.00
(c) Other Political (0.00	0.00
(such as PACs)		0.00	0.00
(d) Total Contribution	on Refunds		
()), (b), and (c))▶	0.00	5.00
,			
Other Disbursements	S	0.00	0.00
	ivity (2 U.S.C. §431(20))		
(a) Allocated Feder	•		
(from Schedule	e	0.00	0.00
(i) i odorar oriar		7 7	
(ii) "Levin" Shar	e	0.00	0.00
(b) Federal Election	Activity Paid Entirely		
	al Funds	0.00	0.00
` '	ection Activity (add	0.00	2.22
Lines 30(a)(i),	30(a)(ii) and 30(b))▶	0.00	0.00
Total Dishursomente	(add Lines 21(c), 22,		
	28(d), 29 and 30(c))	48500.00	555505.00
20, 24, 20, 20, 21, 2	-5(a), 20 and 50(b))	4000.00	555505.00
Total Federal Disbur	sements		
(subtract Line 21(a)(
		48500.00	555505.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	7711.40	515426.32	
4. Total Contribution Refunds (from Line 28(d))	0.00	5.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7711.40	515421.32	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00	

Use separate schedule(s) for each category of the Detailed Summary Page

F	FOR LINE NUMBER:					PAGE	6	OF		35
(check only one)										
	X	11a		11b		11c	12			
		13		14		15	16	;		17

NAME OF COMMITTEE (In Full) American Council of Life Insure	rs Political Action Committee	
Full Name (Last, First, Middle Initial) Mr. David A. Wheat		Date of Receipt
Mailing Address 7915 Versilia Dr		12 07 2015
City	State Zip Code	Transaction ID: 69157650
Orlando	FL 32836-8774	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer	Occupation	
Hannover Life Reassurance Company of A	Executive Vice President & CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Curt Hagelman		Date of Receipt
Mailing Address 8425 Tivoli Drive		12 07 2015
City	State Zip Code	Transaction ID : 69157651
Orlando	FL 32836-8759	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	+
Hannover Life Reassurance Company of A	Senior Vice President, CMO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Donald L. Walker		Date of Receipt
Mailing Address 101 Constitution Ave, NW Suite 700		12 31 2015
City	State Zip Code	Transaction ID : PR1156427145395
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	+
American Council of Life Insurers	SVP, Administration & CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		P/R Deduction (\$50.00 Bi-Weekly)
Other (specify) ▼	1200.00	
		950.00

FOR LINE NUMBER: **PAGE** 7 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c

OF

35

12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. David Griffin Date of Receipt Mailing Address 55 Bonfire Court 2015 12 31 City Zip Code State Transaction ID: PR1231727345395 MD Westminster 21157-4680 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation **AVP & Compliance Officer** Baltimore Life Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.00 Bi-Weekly) 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. W. Bryant Sadler Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 12 31 2015 City State Zip Code Transaction ID: PR1415470245395 DC Washington 20001-2140 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Staff Accountant Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.00 Bi-Weekly) 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Mandana Parsazad Date of Receipt Mailing Address 1914 Horse Shoe Drive 31 2015 City Zip Code State Transaction ID: PR1481799845395 Vienna VA 22182-3755 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation American Council of Life Insurers Senior Counsel, Taxes & Retirement Sec Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 600.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	8	OF	35	
	(ch	eck only	or or	ne)					
	>	1 1a		11b		11c	12	!	
		13		14		15	16	;	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Council of Life Insure	* *	
Full Name (Last, First, Middle Initial) Mr. Scott E. Smith Mailing Address 19 Cardinal Way		Date of Receipt
		12 31 2015
City	State Zip Code	Transaction ID : PR1503555345395
South Windsor	CT 06074-3745	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
Vantis Life Insurance Company	Senior Vice President & COO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Ms. Kathleen F. Kiernan		Date of Receipt
Mailing Address 101 Constitution Ave, NW Suite 700 City	State Zip Code	12 31 2015 Transaction ID - DD4 738413745305
Washington	DC 20001-2140	Transaction ID : PR1728112745395 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 200012140	160.00
Name of Employer	Occupation	1
American Council of Life Insurers	Sr. Counsel, State Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1920.00	P/R Deduction (\$80.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Ms. Carolyn C. Cobb		Date of Receipt
Mailing Address 101 Constitution Ave, NW Suite 700		12 31 2015
City Washington	State Zip Code DC 20001-2133	Transaction ID : PR1821819645395 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	237.30
Name of Employer	Occupation	1
American Council of Life Insurers	Vice President & Associate General Cou	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2847.59	P/R Deduction (\$118.65 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		437.30
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR L	PAGE	9	OF	35			
(check	only or	ne)					
X 11	а	11b		11c	12		
13	3	14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Council of Life Insure	ers Political Action Committee	
Full Name (Last, First, Middle Initial) The Honora Dirk A. Kempthorne		Date of Receipt
Mailing Address 101 Constitution Ave, NW Suite 700		12 31 2015
City	State Zip Code	Transaction ID : PR1871324545395
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.66
Name of Employer	Occupation	
American Council of Life Insurers	President and CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.92	P/R Deduction (\$208.33 Bi-Weekly)
Full Name (Last, First, Middle Initial) 3. Lisa Smith		Date of Receipt
Mailing Address 800 North Magnolia Ave. Suite 1400		12 31 2015
City	State Zip Code	Transaction ID : PR1871488845395
Orlando	FL 32803-3248	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer	Occupation	
Hannover Life Reassurance Company of A	Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$20.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) C. Mr. Brian Waidmann		Date of Receipt
Mailing Address 101 Constitution Ave, NW Suite 700		12 31 2015
City Washington	State Zip Code DC 20001-2133	Transaction ID : PR1872428345395 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	
American Council of Life Insurers	Chief of Staff	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	4800.00	P/R Deduction (\$200.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		856.66
TOTAL This Period (last page this line number	only)	

	FOR LINE NUMBE	ER: PAGE	E 10 OF	35
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 11a 11b	11c	12	
	13 14	15	16	717

Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Council of Life Insure	rs Political Action Committee	
Full Name (Last, First, Middle Initial) A. Mr. Peter J. Bautz		Date of Receipt
Mailing Address 101 Constitution Ave, NW Suite 700		M = M / D = D / Y = Y = Y = Y = 12 31 _ 2015 _
City	State Zip Code	Transaction ID : PR1903849845395
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
American Council of Life Insurers	Vice President, Taxes and Retirement S	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Jim Pyc		Date of Receipt
Mailing Address 9124 MidPines Court		12 31 2015
City	State Zip Code	12 31 2015 Transaction ID : PR1948888445395
Orlando	FL 32819-4307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	24.00
Name of Employer Hannover Life Reassurance Company of A	Occupation EVP, financial Solutions	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	P/R Deduction (\$12.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) C. Stephen A Elliott		Date of Receipt
Mailing Address 8906 Quail Ridge Lane		12 31 _ 2015 _
City	State Zip Code	Transaction ID : PR1964224845395
Lenox	KS 66220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Fidelity Security	Attorney	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	P/R Deduction (\$10.00 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)		84.00
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE (check only one) X 11a 11b 11c

11 OF 35 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Brenda Gordanier Date of Receipt Mailing Address 11913 E. 86th St. 2015 12 31 City Zip Code State Transaction ID: PR1964225345395 MO Raytown 64138-5166 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation AVP - Reinsurance Fidelity Security Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.00 Semi-Monthly) 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Anita Peduzzi Date of Receipt Mailing Address 101 Constitution Avenue Suite 700 W 12 31 2015 City State Zip Code Transaction ID: PR1978714945395 DC Washington 20001-2146 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation American Council of Life Insurers **PAC Director** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$41.67 Bi-Weekly) 1000.08 Other (specify) Full Name (Last, First, Middle Initial) c. Joshua T. Mauthe Date of Receipt Mailing Address 2210 12th St NW 31 2015 City Zip Code State Transaction ID: PR1978715645395 DC Washington 20009-4404 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Meeting Planner-Special Projects Coord American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 480.00 Other (specify) 143.34 SUBTOTAL of Receipts This Page (optional).....

9

-

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 12 OF 35 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Seaver J. J Sowers Date of Receipt Mailing Address 101 Constitution Avenue NW 2015 12 31 City Zip Code State Transaction ID: PR2018796045395 DC Washington 20001-2140 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Director, Federal Relations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Smith Date of Receipt Mailing Address 800 N Magnolia Avenue **Suite 1400** 12 31 2015 City State Zip Code Transaction ID: PR2019034845395 FL Orlando 32803-3248 Amount of Each Receipt this Period FEC ID number of contributing 21.00 federal political committee. Name of Employer Occupation Hannover Life Reassurance Company of A SVP, Chief Information Officer Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.50 Semi-Monthly) 252.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mariana E. E Gomez Date of Receipt Mailing Address 101 Constitution Avenue NW 31 2015 Suite 700 City Zip Code State Transaction ID: PR2122881845395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation American Council of Life Insurers Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 345.00 Other (specify) 81.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

35

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Emily C. C Micale Date of Receipt Mailing Address 101 Constitution Avenue NW Suite 700 2015 12 31 City Zip Code State Transaction ID: PR2122882045395 DC 20001-2133 Washington Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. James Szostek Date of Receipt Mailing Address 101 Constitution Avenue NW Suite 700 12 31 2015 City State Zip Code Transaction ID: PR2122891045395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Public Policy Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ian F. F Steger Date of Receipt Mailing Address 101 Constitution Avenue NW 31 2015 Suite 700 City Zip Code State Transaction ID: PR2160513745395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation American Council of Life Insurers Legislative Analyst Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 600.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

35

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Bruce Friedland Date of Receipt Mailing Address 200 Day Hill Road 2015 12 31 City State Zip Code Transaction ID: PR2285776945395 CT Windsor 06095-1779 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation SVP & Chief Actuary Vantis Life Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 520.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gail Lataille Date of Receipt Mailing Address 256 Stanley Dr 12 31 2015 City State Zip Code Transaction ID: PR2285777145395 CT Glastonbury 06033-2622 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Vantis Life Insurance Company **SVP & Treasurer** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 520.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** James Lovelace Date of Receipt Mailing Address 200 Day Hill Road 31 2015 City State Zip Code Transaction ID: PR2285777245395 CT Windsor 06095-1779 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation VP of IT Vantis Life Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.00 Bi-Weekly) 260.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

35

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) **Edmund Mahoney** Date of Receipt Mailing Address 20 Northgate 2015 12 31 City State Zip Code Transaction ID: PR2285777345395 CT Simsbury 06070-1021 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation SVP Vantis Life Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 520.00 Other (specify) Full Name (Last, First, Middle Initial) B. Craig Simms Date of Receipt Mailing Address 200 Day Hill Road 12 31 2015 City State Zip Code Transaction ID: PR2285777745395 CT Windsor 06095-1779 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Vantis Life Insurance Company SVP Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 520.00 Other (specify) Full Name (Last, First, Middle Initial) c. Richard Spencer, III Date of Receipt Mailing Address 4300 Carriage Ct 31 2015 City State Zip Code Transaction ID: PR2285778245395 MD Kensington 20895-3615 Amount of Each Receipt this Period FEC ID number of contributing 22.00 С federal political committee. Name of Employer Occupation **VP & Controller** Baltimore Life Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$11.00 Bi-Weekly) 286.00 Other (specify) 102.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

35

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Peter Tedone Date of Receipt Mailing Address 32 Lincoln Lane 2015 12 31 City Zip Code State Transaction ID: PR2285778845395 CT Weatogue 06089-9780 Amount of Each Receipt this Period FEC ID number of contributing C 41.60 federal political committee. Name of Employer Occupation President & CEO Vantis Life Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.80 Bi-Weekly) 520.00 Other (specify) Full Name (Last, First, Middle Initial) B. Larry D. D. Burton Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 12 31 2015 City State Zip Code Transaction ID: PR2348687345395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 416.66 federal political committee. Name of Employer Occupation American Council of Life Insurers Chief Operating Officer Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$208.33 Bi-Weekly) 1666.64 Other (specify) Full Name (Last, First, Middle Initial) c. Rodney A. Perkins Date of Receipt Mailing Address 101 Constitution Ave, NW 31 2015 Suite 700 City Zip Code State Transaction ID: PR2352660545395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 200.00 С federal political committee. Name of Employer Occupation American Council of Life Insurers VP Insurance Regulation Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$100.00 Bi-Weekly) 500.00 Other (specify) 658.26 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

	FOF	R LINE	NU	MBER	:	PAGE	. 1	17 OF	35
Use separate schedule(s) for each category of the	(che	ck only	or or	ne)					
Detailed Summary Page	X	11a		11b		11c		12	
_ come common , aga		13		14		15		16	17

Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
American Council of Life Insurer	s Political Action Committee	
Full Name (Last, First, Middle Initial) A. Mr. Gary E. Hughes		Date of Receipt
Mailing Address 101 Constitution Avenue, NW Suite 700 West		12 31 _ 2015 _
City	State Zip Code	Transaction ID : PR771358245395
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	366.62
Name of Employer	Occupation	
American Council of Life Insurers	Executive Vice President & General Cou	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4399.44	P/R Deduction (\$183.31 Bi-Weekly)
Full Name (Last, First, Middle Initial) Mr. Carl B. Wilkerson		Date of Receipt
Mailing Address 101 Constitution Avenue, NW Suite 700 West		12 31 _2015 _
City Suite 700 West	State Zip Code	12 31 2015 Transaction ID : PR771358345395
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	17.00
Name of Employer	Occupation	
American Council of Life Insurers	VP & Chief Counsel, Securities & Litig	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	P/R Deduction (\$8.50 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. Ms. Linda H. Cunningham		Date of Receipt
Mailing Address 101 Constitution Avenue, NW Suite 700 West		12 31 2015
City	State Zip Code	Transaction ID : PR771362445395
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	119.66
Name of Employer	Occupation	
American Council of Life Insurers	Vice President, Conference Development	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1435.93	P/R Deduction (\$59.83 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		503.28
TOTAL This Period (last page this line number of	ınly)	

FOR LINE NUMBER: PAGE 18 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

35

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Ms. Roberta B. Meyer Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 2015 12 31 City Zip Code State Transaction ID: PR771362745395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation Vice President & Associate General Cou American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.00 Bi-Weekly) 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Damian Salvi Date of Receipt Mailing Address 10075 Red Run Boulevard 12 31 2015 City State Zip Code Transaction ID: PR771364145395 MD Owings Mills 21117-4865 Amount of Each Receipt this Period FEC ID number of contributing 24.00 federal political committee. Name of Employer Occupation Baltimore Life Insurance Company Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$12.00 Bi-Weekly) 312.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. John F. Dolan Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 West 31 2015 City Zip Code State Transaction ID: PR771365445395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation American Council of Life Insurers Vice President, Media Relations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$30.00 Bi-Weekly) 720.00 Other (specify) 104.00 SUBTOTAL of Receipts This Page (optional).....

9

- 9

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 19 OF 35 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. J. Bruce Ferguson Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 2015 12 31 City Zip Code State Transaction ID: PR771373245395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 316.44 federal political committee. Name of Employer Occupation American Council of Life Insurers Senior Vice President, State Relations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$158.22 Bi-Weekly) 3797.29 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. David M. Leifer Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 12 31 2015 City State Zip Code Transaction ID: PR771374045395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 177.58 federal political committee. Name of Employer Occupation American Council of Life Insurers Vice President & Associate General Cou Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$88.79 Bi-Weekly) 2130.97 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. James D. Hall Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 31 2015 City Zip Code State Transaction ID: PR771374345395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation American Council of Life Insurers Regional Vice President, State Relatio Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 360.00 Other (specify) 524.02 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 20 OF 35 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. C. Bryan Cox Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 2015 12 31 City Zip Code State Transaction ID: PR771376845395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 60.14 federal political committee. Name of Employer Occupation American Council of Life Insurers Regional Vice President, State Relatio Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$30.07 Bi-Weekly) 721.67 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. John W. Mangan CEBS Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 12 31 2015 City State Zip Code Transaction ID: PR771377145395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Regional Vice President, State Relatio Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$100.00 Bi-Weekly) 2400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Olivia H. Gillis Date of Receipt Mailing Address 101 Constitution Ave, NW 31 2015 Suite 700 City Zip Code State Transaction ID: PR771408145395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation American Council of Life Insurers Assoc. Director, Legislative & Regulat Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.00 Bi-Weekly) 240.00 Other (specify) 280.14 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 21 OF 35 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Ms. Maria L. Palacios Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 2015 12 31 City Zip Code State Transaction ID: PR771408845395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 21.78 federal political committee. Name of Employer Occupation American Council of Life Insurers Managing Director, Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.89 Bi-Weekly) 261.36 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Paul S. S. Graham III Date of Receipt Mailing Address 101 Constitution Avenue NW Suite 700 12 31 2015 City State Zip Code Transaction ID: PR771412645395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation American Council of Life Insurers SVP, Insurance Regulation & Chief Actu Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 480.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Morris R. Goff Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 31 2015 City Zip Code State Transaction ID: PR771419345395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 208.58 С federal political committee. Name of Employer Occupation American Council of Life Insurers Vice President, Federal Relations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$104.29 Bi-Weekly) 2502.96 Other (specify) 270.36 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 22 OF 35 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Ms. Brenda S. Nation Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 2015 12 31 City Zip Code State Transaction ID: PR771419945395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Regional Vice President, State Relatio Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$75.00 Bi-Weekly) 1800.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Debra K. West Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 12 31 2015 City State Zip Code Transaction ID: PR771421045395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Regional Vice President, State Relatio Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Bi-Weekly) 1200.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Michael Lovendusky Date of Receipt Mailing Address 101 Constitution Ave, NW 31 2015 Suite 700 City Zip Code State Transaction ID: PR771421145395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation American Council of Life Insurers Vice President & Associate General Cou Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 480.00 Other (specify) 290.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

9

FOR LINE NUMBER: PAGE 23 OF 35 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. Jeffry J. Janoska Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 2015 12 31 City Zip Code State Transaction ID: PR771423145395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 25.60 federal political committee. Name of Employer Occupation American Council of Life Insurers Senior Policy Analyst Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$12.80 Bi-Weekly) 307.21 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Lisa J. Tate Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 12 31 2015 City State Zip Code Transaction ID: PR771423245395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation American Council of Life Insurers VP, Litigation & Assoc. Gen. Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 960.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Nina Aponte Date of Receipt Mailing Address 101 Constitution Ave, NW 31 2015 Suite 700 City Zip Code State Transaction ID: PR771425345395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Senior Staff Accountant American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.00 Bi-Weekly) 240.00 Other (specify) 125.60 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 24 OF 35 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. John P. John P. Gerni Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 2015 12 31 City Zip Code State Transaction ID: PR771428745395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Regional Vice President, State Relatio Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$75.00 Bi-Weekly) 1800.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. David C. Turner Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 12 31 2015 City State Zip Code Transaction ID: PR771428945395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 277.46 federal political committee. Name of Employer Occupation American Council of Life Insurers EVP, Chief of Staff & Corp. Secretary Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$138.73 Bi-Weekly) 3329.51 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Kynondo Lewis Date of Receipt Mailing Address 101 Constitution Ave, NW 12 31 2015 Suite 700 City Zip Code State Transaction ID: PR771439645395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 23.76 С federal political committee. Name of Employer Occupation American Council of Life Insurers Legal Editor Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$11.88 Bi-Weekly) 285.11 Other (specify) 451.22 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

7

FOR LINE NUMBER: PAGE 25 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

35

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Ms. Alane R. Dent Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 2015 12 31 City Zip Code State Transaction ID: PR771444345395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 212.50 federal political committee. Name of Employer Occupation Vice President, Federal Relations American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$106.25 Bi-Weekly) 2471.34 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Thomas Scott Dixon Date of Receipt Mailing Address 101 Constitution Avenue NW Suite 700 West 12 31 2015 City State Zip Code Transaction ID: PR771444945395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Finance Director Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 480.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. Andrew M. Melnyk Date of Receipt Mailing Address 101 Constitution Avenue NW 12 31 2015 Suite 700 City Zip Code State Transaction ID: PR771445845395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 42.54 С federal political committee. Name of Employer Occupation American Council of Life Insurers Managing Director, Research Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$21.27 Bi-Weekly) 510.49 Other (specify) 295.04 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: PAGE 26 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

35

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Ms. Julie A. Spiezio Date of Receipt Mailing Address 101 Constitution Avenue NW Suite 700 2015 12 31 City Zip Code State Transaction ID: PR771449645395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Senior Vice President American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Bi-Weekly) 1200.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. John K. Bruins Date of Receipt Mailing Address 101 Constitution Avenue NW Suite 700 12 31 2015 City State Zip Code Transaction ID: PR771450145395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 35.52 federal political committee. Name of Employer Occupation American Council of Life Insurers Senior Actuary Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.76 Bi-Weekly) 426.24 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Maurice A. Perkins Date of Receipt Mailing Address 101 Constitution Ave, NW 31 2015 Suite 700 City Zip Code State Transaction ID: PR805149145395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 416.66 С federal political committee. Name of Employer Occupation American Council of Life Insurers Vice President, Federal Relations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$208.33 Bi-Weekly) 4999.92 Other (specify) 552.18 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: PAGE 27 OF 35 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. Wayne A. Mehlman Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 2015 12 31 City Zip Code State Transaction ID: PR904819545395 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Counsel, Insurance Regulation Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 600.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... 7098.40 TOTAL This Period (last page this line number only).....

21	CHEDULE B (FEC Form 3X)			
31	SHEDULE B (FEC FUIII 3X)		FOR LINE	NUMBER: PAGE 28 OF 35
IT	EMIZED DISBURSEMENTS	Use separate schedule	· / I (CHECK OHIV	one)
		for each category of th Detailed Summary Pag		22 🗙 23 24 25 26
		Detailed Cultilliary 1 ag	27	28a 28b 28c 29 30b
Ar	ny information copied from such Reports and Statem	nents may not be sold or	used by any ners	on for the purpose of soliciting contributions
	for commercial purposes, other than using the name			
$\overline{}$	NAME OF COMMITTEE (In Full)			
	• • •	0 - 1141 1		
	American Council of Life Insurers F	Colitical Action Co	mmittee	
_	Full Name / Look First Middle Initial)			
	Full Name (Last, First, Middle Initial)			Data of Distance and
Η.	Charles Boustany Jr Md For Congr	ess inc		Date of Disbursement
				M M / D D / Y Y Y Y Y
	Mailing Address Post Office Box 80126			12 02 2015
				
		State Zip Code		Transaction ID: 68829132
	Lafayette	LA 70598		
	Purpose of Disbursement			
	Political Contribution		011	Amount of Each Disbursement this Period
	Candidate Name		Category/	0000.00
	Rep. Charles Boustany Jr.		Type	3000.00
		ment For: 2016		
	Senate	Primary Genera	ı	Political Contribution
	President	Other (specify)		1 Ollioti Contribution
	State: LA District: 03	(- /)		
	Full Name (Last, First, Middle Initial)			
Ь		• .		Data of Dishursoment
В.	Davis For Congress/Friends Of Da	VIS		Date of Disbursement
				M M / D D / Y Y Y Y
	Mailing Address 5956 W. Race Avenue			12 02 2015
	•	State Zip Code		Transaction ID: 68829227
	Chicago	IL 60644		
	Purpose of Disbursement Political Contribution		1	
			011	Amount of Each Disbursement this Period
	Candidate Name		Category/	1000.00
	Rep. Danny Davis		Type	1000.00
	Office Sought:	nent For: 2016		
	Senate	Primary Genera	I	Political Contribution
	President	Other (specify) ▼		
	State: IL District: 07			
	State: IL District: 07			
 C	Full Name (Last, First, Middle Initial)			Date of Dishursement
c.				Date of Disbursement
C.	Full Name (Last, First, Middle Initial) Diane Black For Congress			M = M / D = D / Y = Y = Y
C.	Full Name (Last, First, Middle Initial)			
C.	Full Name (Last, First, Middle Initial) Diane Black For Congress Mailing Address PO Box 1437	State Zin Code		M = M / D = D / Y = Y = Y
С.	Full Name (Last, First, Middle Initial) Diane Black For Congress Mailing Address PO Box 1437 City	State Zip Code		M = M / D = D / Y = Y = Y
C.	Full Name (Last, First, Middle Initial) Diane Black For Congress Mailing Address PO Box 1437 City Sallatin	State Zip Code TN 37066		12
C.	Full Name (Last, First, Middle Initial) Diane Black For Congress Mailing Address PO Box 1437 City	•	011	12 02 2015 Transaction ID : 68829228
C.	Full Name (Last, First, Middle Initial) Diane Black For Congress Mailing Address PO Box 1437 City S Gallatin Purpose of Disbursement Political Contribution	•	011	12
C.	Full Name (Last, First, Middle Initial) Diane Black For Congress Mailing Address PO Box 1437 City Sellatin Purpose of Disbursement Political Contribution Candidate Name	•	Category/	Transaction ID: 68829228 Amount of Each Disbursement this Period
c.	Full Name (Last, First, Middle Initial) Diane Black For Congress Mailing Address PO Box 1437 City Gallatin Purpose of Disbursement Political Contribution Candidate Name Rep. Diane Black	TN 37066		12 02 2015 Transaction ID : 68829228
C.	Full Name (Last, First, Middle Initial) Diane Black For Congress Mailing Address PO Box 1437 City Section Congress Gallatin Purpose of Disbursement Political Contribution Candidate Name Rep. Diane Black Office Sought: House Disbursement	TN 37066	Category/ Type	Transaction ID: 68829228 Amount of Each Disbursement this Period
C.	Full Name (Last, First, Middle Initial) Diane Black For Congress Mailing Address PO Box 1437 City Section S	TN 37066 ment For: 2016 Primary General	Category/ Type	Transaction ID: 68829228 Amount of Each Disbursement this Period
C.	Full Name (Last, First, Middle Initial) Diane Black For Congress Mailing Address PO Box 1437 City Section S	TN 37066	Category/ Type	Transaction ID: 68829228 Amount of Each Disbursement this Period 1000.00
c.	Full Name (Last, First, Middle Initial) Diane Black For Congress Mailing Address PO Box 1437 City Section S	TN 37066 ment For: 2016 Primary General	Category/ Type	Transaction ID: 68829228 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Diane Black For Congress Mailing Address PO Box 1437 City Selection Selec	TN 37066 ment For: 2016 Primary General	Category/ Type	Transaction ID: 68829228 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Diane Black For Congress Mailing Address PO Box 1437 City Segallatin Purpose of Disbursement Political Contribution Candidate Name Rep. Diane Black Office Sought: House Senate President State: TN District: 06	ment For: 2016 Primary General Other (specify)	Category/ Type	Transaction ID: 68829228 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Diane Black For Congress Mailing Address PO Box 1437 City Selection Selec	ment For: 2016 Primary General Other (specify)	Category/ Type	Transaction ID: 68829228 Amount of Each Disbursement this Period 1000.00 Political Contribution

יכ	CHEDULE B (FEC Form 3X)			_										
	CHEDULE B (FEC FUIII 3X)	l		FC	R LI	NE N	IUMBEF	₹:		Į	PAGE	29	OF	35
T	EMIZED DISBURSEMENTS		arate schedule(s)	(ch	neck (nly	one)							
_			category of the Summary Page		2	1b	22	X	23	2	24	25		26
		Detailed	Sullillary Fage		2	7	28a		28b		28c	29		30b
۸,	ny information copied from such Reports and Staten	nonte may	not be sold or use	od by	any n	orco	o for the	nurr	2000 0	of coli	oiting (ontrib	utions	
	r for commercial purposes, other than using the nam													•
<u> </u>														
	NAME OF COMMITTEE (In Full)			•										
	American Council of Life Insurers F	olitical	Action Comr	mitte	е									
_														
	Full Name (Last, First, Middle Initial)						. .							
Α.	Tiberi for Congress						Date of	of Dis	burse	ment				
						_	M	/ /	D	D /	Υ	Y Y	Y	
	Mailing Address 2931 E. Dublin Granville Road						12	_	0:	2		2015	_	
	Suite 190													
	City	State	Zip Code				Tran	sacti	on ID	- 688	20220			
	Columbus	ОН	43231				man	Sacti	טוו ווט	. 000	LJZZJ			
	Purpose of Disbursement				_									
	Political Contribution			0	11	ш	Amou	nt of	Each	Disbu	rseme	nt this	Perio	od
	Candidate Name			Cate	gory/			-	-	_	-		-	
	Rep. Patrick Tiberi				pe		L.		m		m	400	0.00	
	•	ment For: 2	2016		-				/		/			
		Primary	General				Dolition	ol Con	. 4 m: h 4:					
		Other (spec					Politica	ai Coi	ıırıbuı	OH				
	State: OH District: 12	Other (spec	City) \blacktriangledown											
_	Full Name (Last, First, Middle Initial)													
В.	Kenny Marchant For Congress						Date of	of Dis	burse	ment				
							M I	И /	D	D /	Υ	Y Y	Y	
	Mailing Address PO Box 110187						12		0	2		2015		
	City	State	Zip Code				Tran	eacti	on ID	- 688	29240			
	Carrollton	TX	75011				i i a i	isacti	011 10	. 000	23270			
	Purpose of Disbursement													
	Political Contribution			0	11	ш	Amou	nt of	Each	Disbu	rseme	nt this	Perio	od
	Candidate Name			Cate	gory/	4			-		-		-	
	Candidate Name				gory/								$^{\circ}$	- 1
					pe							200	0.00	
	Rep. Kenneth Marchant	ment For:	2016		ре		-		,	-	,	200	0.00	
	Rep. Kenneth Marchant Office Sought: House Disbursen	•	2016 General		pe		Politica	al Cor	otribut	ion	7	200	0.00	
	Rep. Kenneth Marchant Office Sought: House Senate Disbursen	Primary	General		rpe		Politica	al Cor	ntribut	on	7	200	0.00	
	Rep. Kenneth Marchant Office Sought: House Senate President Disbursen	•	General		rpe		Politica	al Cor	ntribut	on	7	200	0.00	
	Rep. Kenneth Marchant Office Sought: House Senate President State: TX District: 24	Primary	General		rpe		Politica	al Cor	ntribut	on	7	200	0.00	
_	Rep. Kenneth Marchant Office Sought: House Senate President State: TX District: 24 Full Name (Last, First, Middle Initial)	Primary	General		rpe						/5	200	0.00	
— С.	Rep. Kenneth Marchant Office Sought: House Senate President State: TX District: 24	Primary	General		rpe		Politica Date of				7	200	00.00	_
<u> </u>	Rep. Kenneth Marchant Office Sought: House Senate President State: TX District: 24 Full Name (Last, First, Middle Initial)	Primary	General		/pe			of Dis		ment	Y	200 Y Y		_
— С.	Rep. Kenneth Marchant Office Sought: House Senate President State: TX District: 24 Full Name (Last, First, Middle Initial)	Primary	General		/pe		Date (of Dis	burse	ment				_
<u> </u>	Rep. Kenneth Marchant Office Sought: House Senate President State: TX District: 24 Full Name (Last, First, Middle Initial) Scalise For Congress	Primary	General		rpe		Date o	of Dis	burse	ment		YIY		
<u> </u>	Rep. Kenneth Marchant Office Sought: House Senate President State: TX District: 24 Full Name (Last, First, Middle Initial) Scalise For Congress Mailing Address P.O. Box 23219	Primary	General		rpe		Date of	of Dis	burse 02	ment /		YIY		_
С.	Rep. Kenneth Marchant Office Sought: House Senate President State: TX District: 24 Full Name (Last, First, Middle Initial) Scalise For Congress Mailing Address P.O. Box 23219 City Substitution State	Primary Other (spec	General cify) ▼		rpe		Date of	of Dis	burse 02	ment /		Y I Y		_
c.	Rep. Kenneth Marchant Office Sought: House Senate President State: TX District: 24 Full Name (Last, First, Middle Initial) Scalise For Congress Mailing Address P.O. Box 23219 City Sufferson Purpose of Disbursement	Primary Other (spec	General cify) ▼ Zip Code		rpe	-	Date of	of Dis	burse 02	ment /		Y I Y		_
<u> </u>	Rep. Kenneth Marchant Office Sought: House Senate President State: TX District: 24 Full Name (Last, First, Middle Initial) Scalise For Congress Mailing Address P.O. Box 23219 City Substitution State	Primary Other (spec	General cify) ▼ Zip Code	Ту	7pe	1	Date of	of Dis	eburse 0:	ment /2 /	29248	y y y 2015	Y	od
C .	Rep. Kenneth Marchant Office Sought: House Senate President State: TX District: 24 Full Name (Last, First, Middle Initial) Scalise For Congress Mailing Address P.O. Box 23219 City Sufferson Purpose of Disbursement	Primary Other (spec	General cify) ▼ Zip Code	Ту	11		Date of 12	of Dis	eburse 0:	ment /2 /	29248	y y 2015 nt this	Perio	od
C .	Rep. Kenneth Marchant Office Sought: House Senate President State: TX District: 24 Full Name (Last, First, Middle Initial) Scalise For Congress Mailing Address P.O. Box 23219 City Senate President Senate Pr	Primary Other (spec	General cify) ▼ Zip Code	Ty 0° Cate			Date of 12	of Dis	eburse 0:	ment /2 /	29248	y y 2015 nt this	Y	od
C.	Rep. Kenneth Marchant Office Sought: House Senate President State: TX District: 24 Full Name (Last, First, Middle Initial) Scalise For Congress Mailing Address P.O. Box 23219 City Sufferson Purpose of Disbursement Political Contribution Candidate Name Rep. Steve Scalise	Primary Other (spec	General cify) ▼ Zip Code 70183	Ty 0° Cate	11 egory/		Date of 12	of Dis	eburse 0:	ment /2 /	29248	y y 2015 nt this	Perio	od
C.	Rep. Kenneth Marchant Office Sought: House Senate President State: TX District: 24 Full Name (Last, First, Middle Initial) Scalise For Congress Mailing Address P.O. Box 23219 City Sefferson Purpose of Disbursement Political Contribution Candidate Name Rep. Steve Scalise Office Sought: House Disbursement	Other (special State LA	General cify) ▼ Zip Code 70183	Ty 0° Cate	11 egory/		Date of 12	of Dis	on ID	ment 2 : 688:	29248	y y 2015 nt this	Perio	od
С.	Rep. Kenneth Marchant Office Sought: House Senate President State: TX District: 24 Full Name (Last, First, Middle Initial) Scalise For Congress Mailing Address P.O. Box 23219 City Senate President State: TX District: 24 Full Name (Last, First, Middle Initial) Scalise For Congress Mailing Address P.O. Box 23219 City Senate Disbursement Political Contribution Candidate Name Rep. Steve Scalise Office Sought: House Senate Senate	Other (special State LA ment For: 2	General cify) ▼ Zip Code 70183	Ty 0° Cate	11		Date of 12	of Dis	on ID	ment 2 : 688:	29248	y y 2015 nt this	Perio	od
C.	Rep. Kenneth Marchant Office Sought: House Senate President State: TX District: 24 Full Name (Last, First, Middle Initial) Scalise For Congress Mailing Address P.O. Box 23219 City Senate Purpose of Disbursement Political Contribution Candidate Name Rep. Steve Scalise Office Sought: House Senate President Disbursement Political Contribution	Other (special State LA	General cify) ▼ Zip Code 70183	Ty 0° Cate	11		Date of 12	of Dis	on ID	ment 2 : 688:	29248	y y 2015 nt this	Perio	od
c.	Rep. Kenneth Marchant Office Sought: House Senate President State: TX District: 24 Full Name (Last, First, Middle Initial) Scalise For Congress Mailing Address P.O. Box 23219 City Senate President State: TX District: 24 Full Name (Last, First, Middle Initial) Scalise For Congress Mailing Address P.O. Box 23219 City Senate Disbursement Political Contribution Candidate Name Rep. Steve Scalise Office Sought: House Senate Senate	Other (special State LA ment For: 2	General cify) ▼ Zip Code 70183	Ty 0° Cate	11		Date of 12	of Dis	on ID	ment 2 : 688:	29248	y y 2015 nt this	Perio	od
	Rep. Kenneth Marchant Office Sought: House Senate President State: TX District: 24 Full Name (Last, First, Middle Initial) Scalise For Congress Mailing Address P.O. Box 23219 City Senate Purpose of Disbursement Political Contribution Candidate Name Rep. Steve Scalise Office Sought: House Senate President State: LA District: 01	Other (special state LA ment For: 2 Primary Other (special special state)	General cify) ▼ Zip Code 70183 2016 General cify) ▼	O [.] Cate	11		Date of 12	of Dis	on ID	ment 2 : 688:	29248	2015 nt this	Peric	od
	Rep. Kenneth Marchant Office Sought: House Senate President State: TX District: 24 Full Name (Last, First, Middle Initial) Scalise For Congress Mailing Address P.O. Box 23219 City Senate Purpose of Disbursement Political Contribution Candidate Name Rep. Steve Scalise Office Sought: House Senate President Disbursement Political Contribution	Other (special state LA ment For: 2 Primary Other (special special state)	General cify) ▼ Zip Code 70183 2016 General cify) ▼	O [.] Cate	11		Date of 12	of Dis	on ID	ment 2 : 688:	29248	2015 nt this	Perio	od
9	Rep. Kenneth Marchant Office Sought: House Senate President State: TX District: 24 Full Name (Last, First, Middle Initial) Scalise For Congress Mailing Address P.O. Box 23219 City Senate Purpose of Disbursement Political Contribution Candidate Name Rep. Steve Scalise Office Sought: House Senate President State: LA District: 01	State LA ment For: 2 Primary Other (spec	General cify) ▼ Zip Code 70183 2016 General cify) ▼	O [.] Cate	11		Date of 12	of Dis	on ID	ment 2 : 688:	29248	2015 nt this	Peric	od

SCHEDULE B (FEC Form 3X)		FOR LINE N	IUMBER: PAGE 30	OF 35
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b	22 🗙 23 24 25	26
		27	28a 28b 28c 29	30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
American Council of Life Insurers F	olitical Action Comm	nittee		
Full Name (Last, First, Middle Initial)				
A. Crenshaw For Congress Campaigr	1		Date of Disbursement	Υ
Mailing Address 7235 Bonneval Road Suite 228			12 02 2015	
,	state Zip Code		Transaction ID: 68829254	
Jacksonville	FL 32256			
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this	Period
Candidate Name		Category/	400	0.00
Rep. Ander Crenshaw		Type	100	0.00
	nent For: 2016 Primary General Other (specify)		Political Contribution	
State: FL District: 04				
Full Name (Last, First, Middle Initial)				
B. Angus King For US Senate Campa	ign		Date of Disbursement	Y
Mailing Address 114 Maine Street Suite 1A PO Box 368			12 02 2015	
Brunswick	State Zip Code ME 04011		Transaction ID: 68829256	
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this	Period
Candidate Name				
Sen. Angus King Jr.		Category/ Type	250	0.00
Office Sought: House Senate President Disbursen	nent For: 2018 Primary General Other (specify)		Political Contribution	
State: ME District: Full Name (Last, First, Middle Initial)				
C. Heller For Senate			Date of Disbursement	
Mailing Address PO Box 371907			12 02 7 2015	Y
City	state Zip Code			
Las Vegas	NV 89137		Transaction ID: 68829261	
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this	Dariad
Candidate Name		Category/	Amount of Each Dispulsement this	renou
Sen. Dean Heller		Type	2500	0.00
X Senate	nent For: 2018 Primary General Other (specify)		Political Contribution	
State: NV District:	· 			
SUBTOTAL of Disbursements This Page (optional)			6000).00
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)	Lieu consuste colocidado (a)	FOR LINE I	NUMBER: PAGE 31 OF 35	5
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only 21b	one) 22 🔀 23 24 25 26	6
	Detailed Summary Page	27		0b
Any information copied from such Reports and Stater	nents may not be sold or used	by any perso	on for the purpose of soliciting contributions	_
or for commercial purposes, other than using the nan				
NAME OF COMMITTEE (In Full)				
American Council of Life Insurers F	Political Action Comm	ittee		
Full Name (Last, First, Middle Initial)				_
A. Friends of Sam Johnson			Date of Disbursement	
Mailing Address PO Box 860096			12 17 2015	
City	State Zip Code			
Plano	TX 75086		Transaction ID: 69086704	
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period	
Candidate Name	l			ī.
Rep. Sam Johnson		Category/ Type	1500.00	
	nent For: 2016 Primary General Other (specify)		Political Contribution	
State: TX District: 03				
Full Name (Last, First, Middle Initial)				
B. Friends Of Dave Reichert			Date of Disbursement	
Mailing Address P.O. Box 2032			12 17 2015	
,	State Zip Code		Transaction ID : 69086705	
Issaquah Purpose of Disbursement	WA 98027			
Political Contribution		011	Amount of Each Disbursement this Period	
Candidate Name	,	Category/	1000.00	1
Rep. David Reichert		Type	1000.00	ł,
Senate President	nent For: 2016 Primary General Other (specify)		Political Contribution	
State: WA District: 08				_
Full Name (Last, First, Middle Initial) C. Grassley Committee Inc			Date of Disbursement	
Mailing Address P.O. Box 1000			12 17 2015	
City	State Zip Code			
Des Moines	IA 50304		Transaction ID: 69086706	
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	Amount of Each Disbursement this Period	
Sen. Chuck Grassley		Type	3000.00	
	nent For: 2016		,	
Senate President	Primary		Political Contribution	
State: IA District:				
SUBTOTAL of Disbursements This Page (optional)			5500.00	1
				4

31	CHEDIII E B /EEC Earm 2V)													
_	CHEDULE B (FEC Form 3X)		arate schedule(s)	FO	R LII	NE N	UMBER	l:		L	PAGE	32	OF	35
IT	EMIZED DISBURSEMENTS		category of the	(ch	eck o						_	_		
			Summary Page			1b	22	X	23	ш	4	25		26
			, ,		2	7	28a		28b	2	:8c	29		30b
	ny information copied from such Reports and Staten													
or	for commercial purposes, other than using the name	ne and add	ress of any politica	al comr	mitte	to s	solicit co	ontribu	utions	from	such (commi	ttee.	
$\overline{\ }$	NAME OF COMMITTEE (In Full)													
	American Council of Life Insurers F	Political	Action Comp	nittee	ج									
	7 thorican Council of Elio modiore i	Ontiour	Action Com	1111100	•									
	Full Name (Last, First, Middle Initial)													
Α.	Beatty For Congress						Date of	of Dis	burse	ment				
							M IV	1 /	D	D /	Υ	YY	Y	
	Mailing Address 222 East Town Street						12		17	7	1 .:	2015	.	
	Suite 2W													
	City	State	Zip Code				Tron	cooti	on ID	. 6000	26707			
	Columbus	OH	43215				iran	Sactio	טו ווט	. 6900	00/0/			
	Purpose of Disbursement				_									
	Political Contribution			01	1_	ш	Amour	nt of I	Each	Disbu	rseme	nt this	Perio	d
	Candidate Name			Cate	gory/						-	400	0.00	
	Rep. Joyce Beatty			Тур					,		7	100	0.00	
	Office Sought: House Disbursen	ment For:	2016											
	Senate	Primary	General				Politica	l Con	tributi	on				
	President	Other (spe	cify) 🔻											
	State: OH District: 03													
	Full Name (Last, First, Middle Initial)													
В.							Date o	of Dis	burse	ment				
	Tana Tor Congress Committee						M N		D	D /	Υ	Y Y	Y	
	Mailing Address 3061 Edgewater Lane						12		1			2015		
	g aver angermen anne													
	City	State	Zip Code				T		ID	- 000	00740			
	LaCrosse	WI	54603				iran	Saction	טו חס	: 690	86740			
	Purpose of Disbursement				_									
	Political Contribution			01	11_	Ш	Amour	nt of I	Each	Disbu	rseme	nt this	Perio	d
	Candidate Name			Cate	aorv/	1			-		-			
					pe						7	100	00.00	
	Rep. Ron Kind			ıyı					/					
		ment For:	2016	ıyı										
	Office Sought: House Disbursen	ment For: Primary	2016 General	1 9 1	<u>'</u>		Politica	al Cor	ntributi	on				
	Office Sought: House Disbursen		X General	1 91	<u>'</u>		Politica	al Con	ntributi	on				
	Office Sought: House Disbursen	Primary	X General	1 91	<u> </u>		Politica	al Cor	ntributi	on				
	Office Sought: House Disbursen	Primary	X General	191			Politica	al Cor	ntributi	on				
 C.	Office Sought: Senate President State: WI District: 03 Full Name (Last, First, Middle Initial)	Primary	X General	191			Politica Date of							
<u> </u>	Office Sought: House Disbursen	Primary	X General	- 191			Date o	of Dis	burse	ment	Y	Y Y	Y	
<u> </u>	Office Sought: Senate President State: WI District: 03 Full Name (Last, First, Middle Initial)	Primary	X General	191				of Dis		ment		y y y 2015	Y	
C .	Office Sought: House Senate President	Primary	X General	198			Date o	of Dis	burse	ment			Y	
C .	Office Sought: House Senate President	Primary	X General	198			Date of	of Dis	burse	ment			Y	
<u> </u>	Office Sought: House Senate President	Primary Other (spe	General cify) ▼	191			Date of	of Dis	burse	ment			Y	
C .	Office Sought: House Senate President State: WI District: 03 Full Name (Last, First, Middle Initial) Cleaver For Congress Mailing Address 4801 Main Street Suite 1000 City Kansas City Purpose of Disbursement	Primary Other (spe	General cify) ▼ Zip Code	191			Date of	of Dis	burse	ment			Y	
С.	Office Sought: House Senate President	Primary Other (spe	General cify) ▼ Zip Code	01			Date of	of Dis	burse 17	ment 7 /	36741	2015		d
c.	Office Sought: House Senate President	Primary Other (spe	General cify) ▼ Zip Code	01	1		Date of 12	of Dis	burse 17	ment 7 /	36741	2015	Perio	d
С.	Office Sought: House Senate President	Other (spe	General cify) ▼ Zip Code 64112		1		Date of 12	of Dis	burse 17	ment 7 /	36741	2015		d
С.	Office Sought: House Senate President	Primary Other (spe	General cify) ▼ Zip Code 64112	01 Categ	1		Date of 12	of Dis	burse 17	ment 7 /	36741	2015	Perio	d
c.	Office Sought: House Senate President	Other (spe	General cify) ▼ Zip Code 64112	01 Categ	1		Date of 12	saction of I	burse 17 on ID	ment: 6908	36741	2015	Perio	d
c.	Office Sought: House Senate President	Other (spe	General cify) ▼ Zip Code 64112 2016 General	01 Categ	1		Date of 12 Tran Amour	saction of I	burse 17 on ID	ment: 6908	36741	2015	Perio	d
С.	Office Sought: House Senate President	Other (spe	General cify) ▼ Zip Code 64112 2016 General	01 Categ	1		Date of 12 Tran Amour	saction of I	burse 17 on ID	ment: 6908	36741	2015	Perio	d
c.	Office Sought: House Senate President	Other (spe	General cify) ▼ Zip Code 64112 2016 General	01 Categ	1		Date of 12 Tran Amour	saction of I	burse 17 on ID	ment: 6908	36741	2015	Perio	d
	Office Sought: House Senate President	State MO ment For: ; Primary Other (spe	Zip Code 64112 2016 General cify) ▼	01 Cateo	1		Date of 12 Tran Amour	saction of I	burse 17 on ID	ment: 6908	36741	2015 nt this 100	Perio	d
	Office Sought: State: WI District: 03 Full Name (Last, First, Middle Initial) Cleaver For Congress Mailing Address 4801 Main Street Suite 1000 City Kansas City Purpose of Disbursement Political Contribution Candidate Name Rep. Emanuel Cleaver II Office Sought: House Senate President State: MO District: 05	State MO ment For: ; Primary Other (spe	Zip Code 64112 2016 General cify) ▼	01 Cateo	1		Date of 12 Tran Amour	saction of I	burse 17 on ID	ment: 6908	36741	2015 nt this 100	Period	d

ľ

SCHEDULE B (FEC Form 3X)	Lice congrete cohedule(s)	FOR LINE N	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) American Council of Life Insurers P	olitical Action Comm	nittee	
Full Name (Last, First, Middle Initial) A. Heller For Senate			Date of Disbursement
Mailing Address PO Box 371907			12 17 2015
•	tate Zip Code NV 89137		Transaction ID : 69086742
Purpose of Disbursement Political Contribution	GG161	011	Amount of Each Disbursement this Period
Candidate Name Sen. Dean Heller		Category/ Type	1000.00
∑ Senate	ent For: 2018 Primary General Other (specify)		Political Contribution
Full Name (Last, First, Middle Initial) B. Sherman for Congress			Date of Disbursement
Mailing Address 777 S. Figueroa St Suite 4050			12 17 2015
,	tate Zip Code CA 90017		Transaction ID: 69086747
Political Contribution Candidate Name		011	Amount of Each Disbursement this Period
Rep. Brad Sherman		Category/ Type	1000.00
Senate	ent For: 2016 Primary General Other (specify)		Political Contribution
Full Name (Last, First, Middle Initial) C. Voice for Freedom			Date of Disbursement
Mailing Address 2700 Cumberland Parkway Suite 150			12 17 2015
Atlanta	tate Zip Code GA 30339		Transaction ID : 69086782
Purpose of Disbursement Political Contribution Candidate Name Voice for Freedom		011 Category/ Type	Amount of Each Disbursement this Period 2500.00
Office Sought: House Disbursem	ent For: Primary General Other (specify) ▼	71	Political Contribution
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).			4500.00

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 34 OF 35				
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	EINE NOMBEN.				
	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26				
	Detailed Sulfilliary Fage	27	28a 28b 28c 29 30				
Any information copied from such Reports and States							
or for commercial purposes, other than using the nar	ne and address of any politi	cal committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)		•					
American Council of Life Insurers I	Political Action Com	mittee					
Full Name (Last, First, Middle Initial)							
A. Pioneer Political Action Committee	!		Date of Disbursement				
Mailing Address 701 8th Street NW			12 17 2015				
Suite 500			12 17 2010				
City	State Zip Code		Transaction ID - C000C047				
Washington	DC 20001		Transaction ID : 69086817				
Purpose of Disbursement Political Contribution		011	Amount of Each Dishursement this Pariod				
Candidate Name		011	Amount of Each Disbursement this Period				
Pioneer Political Action Committee		Category/ Type	5000.00				
	ment For:	1,700					
Senate	Primary General		Political Contribution				
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial)			Data of Bishamana i				
B. Bluegrass Committee			Date of Disbursement				
Mailing Address 228 S. Washington Street			12 17 2015				
Suite 115	12 17 2015						
City	State Zip Code		Transaction ID : 69086818				
Washington	DC 22314		. Talisaction ID . 03000010				
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period				
Candidate Name			Amount of Lacif Dispulsement this Fellod				
Bluegrass Committee		Category/ Type	5000.00				
	ment For:	.,,,,,					
Senate	Primary General		Political Contribution				
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial)			Data of Bishamana i				
C. Road to Freedom Political Action C	Committee		Date of Disbursement				
Mailing Address 228 S Washington Street			12 17 2015				
Suite 115			12 11 2010				
City	State Zip Code		Transaction ID : 69086854				
Alexandria	VA 22314		Transaction iD : 09000034				
Purpose of Disbursement Political Contribution		011					
Candidate Name		011	Amount of Each Disbursement this Period				
Road to Freedom Political Action (Committee	Category/ Type	5000.00				
	ment For:	1,700					
Senate	Primary General		Political Contribution				
President	Other (specify) ▼						
State: District:							
SUBTOTAL of Disbursements This Page (optional)			15000.00				
TOTAL This Period (last page this line number only))						

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 35 OF 35
TEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER:
	for each category of the Detailed Summary Page	21b	22 🗙 23 🔲 24 🔲 25 🖂 26
	_ states canniary rage	27	28a 28b 28c 29 30
Any information copied from such Reports and Staten			
or for commercial purposes, other than using the name	ne and address of any politic	cal committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		•	
ig/ American Council of Life Insurers F	Political Action Com	mittee	
Full Name (Last, First, Middle Initial)			
A. Ratcliffe For Congress			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 2931 Ridge Rd			12 21 2015
Pmb #217 City	State Zip Code		
Rockwall	TX 75032		Transaction ID: 69097072
Purpose of Disbursement	. 5552		
Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. John Ratcliffe		Type	1000.00
	nent For: 2016		
	Primary General		Political Contribution
State: TX District: 04	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. Walberg For Congress			Date of Disbursement
- Walberg For Congress			M M / D D / Y Y Y Y
Mailing Address P.O. Box 1362			12 21 2015
,	State Zip Code		Transaction ID: 69097078
Jackson Purpose of Disbursement	MI 49204		
Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name			Amount of Each Biobarcoment the Folioc
Rep. Tim Walberg		Category/ Type	1500.00
	nent For: 2016		
Senate	Primary General		Political Contribution
President	Other (specify) ▼		
State: MI District: 07			
Full Name (Last, First, Middle Initial)			D (D)
C.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
Walling Address			
City	State Zip Code		
Purpose of Disbursement			
Fulpose of Disbursement			Assessment of Feeth Diehouse and this Deviced
Candidate Name		Catananı	Amount of Each Disbursement this Period
		Category/ Type	
Office Sought: House Disburser	nent For:		
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
			0500.00
SUBTOTAL of Disbursements This Page (optional)		······	2500.00
TOTAL This Deviced (leaders with the			48500.00
TOTAL This Period (last page this line number only)			10000.00